

<010> Study Area Code	398002
<015> Study Area Name	Standing Rock Telecommunications, Inc.
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Albert Kangas
<035> Contact Telephone Number: Number of the person identified in data line <030>	3204927510 ext.
<039> Contact Email: Email of the person identified in data line <030>	akangas@corewg.com

(check box when complete)

<040> <b>Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)</b>	<input checked="" type="radio"/> <input type="radio"/>
<041> Attach a description of the documents filed with the Form 481 reporting	<div style="border: 1px solid black; padding: 2px;"> Form481Standingrocktelecommunications399020.pdf </div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<div style="border: 1px solid black; padding: 2px;">399020</div>
<043> Cite the date of the Form 481 reporting	<div style="border: 1px solid black; padding: 2px;">07/01/2014</div>
<050> <b><u>Carrier Contact Information</u></b> <small>(has the contact info. changed since prior filing? Yes or No)</small>  <small>(if yes, complete the attached worksheet)</small>	<input type="radio"/> <input checked="" type="radio"/>
<060> <b><u>Coverage and Performance Report</u></b> <small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>
<070> <b><u>Urban Rate Comparability Certification</u></b> <small>(complete attached certification)</small>	<input checked="" type="checkbox"/>
<080> <b><u>Tribal Lands Reporting (y/n?)</u></b> <small>(Does this study area cover tribal lands? Yes or No)</small>  <small>(if yes, complete the attached worksheet)</small>	<input checked="" type="radio"/> <input type="radio"/>
<090> <b><u>Project Update Information</u></b> <small>(complete attached worksheet)</small>	<input checked="" type="checkbox"/>
<100> <b><u>Certifications</u></b>	
<101> Reporting Carrier Certification <small>(complete attached certification)</small>	<input checked="" type="checkbox"/>
<102> Agent Certification <small>(complete attached certification)</small>	<input type="checkbox"/>

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PER, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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<039>	Contact Email Address - Email Address of person identified in data line <030>	akanqas@corewg.com

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

<110> FCC Registration Number \_\_\_\_\_

<111> Filing Carrier Name \_\_\_\_\_

<112> Winning Bidder Carrier Name \_\_\_\_\_

<113> Street Address (or PO Box) \_\_\_\_\_

<114> City \_\_\_\_\_

<115> State \_\_\_\_\_

<116> Zip-Code \_\_\_\_\_

<117> Telephone Number \_\_\_\_\_

<118> Fax Number \_\_\_\_\_

<119> Email Address \_\_\_\_\_

**Contact Information**

if same as above, indicate in this box

☐

<120> Name (First, MI, Last, Suffix) \_\_\_\_\_

<121> Filing Carrier Name \_\_\_\_\_

<122> Street Address (or PO Box) \_\_\_\_\_

<123> City \_\_\_\_\_

<124> State \_\_\_\_\_

<125> Zip-Code \_\_\_\_\_

<126> Telephone Number \_\_\_\_\_

<127> Fax Number \_\_\_\_\_

<128> Email Address \_\_\_\_\_

**Authorized Agent Information**

if no agent, indicate in this box

☐

<120> Name (First, MI, Last, Suffix) \_\_\_\_\_

<121> Company \_\_\_\_\_

<122> Street Address (or PO Box) \_\_\_\_\_

<123> City \_\_\_\_\_

<124> State \_\_\_\_\_

<125> Zip-Code \_\_\_\_\_

<126> Telephone Number \_\_\_\_\_

<127> Fax Number \_\_\_\_\_

<128> Email Address \_\_\_\_\_

**(060) Coverage and Performance Report**

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 3 of 8

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<140>	Coverage and Performance Report Year	01/2014 - 12/2014

Electronic Shapefiles attachments

ELECTRONIC SHAPE FILES.zip

Name of Attached Document (.zip)

Drive Test Results attachments

Name of Attached Document (.zip)

Scattered Site Test Results attachments

Name of Attached Document (.zip)

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
				--	See attached worksheet							
				--								

Percentage of Total  
Population Reached by  
ServicePercentage of Total  
Road Miles covered  
by Service

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**

<b>Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)</b>	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Standing Rock Telecommunications, Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/31/2014
Printed name of Authorized Officer:	Miles McAllister
Title or position of Authorized Officer:	General Manager
Telephone number of Authorized Officer:	7018547098 ext.
Study Area Code of Reporting Carrier:	398002 Filing Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**

<b>Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

<b>Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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<142> State SD

Corson County

<143> County \_\_\_\_\_

Standing Rock Reservation - Standing Rock Sioux

<144> Tribal Land(s) on which ETC Serves \_\_\_\_\_

398002\_TRLa5\_SD.pdf

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes
Yes
NA
NA
NA
NA
NA
NA
NA

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<200>	Date Authorized to Receive Support	06/07/2013
<201>	Targeted Completion Date	03/30/2015
<202>	Total Mobility Fund Support Awarded	569190.0
<203>	Total Mobility Fund Support Disbursed	189730.0
<204>	Support Applied to Network Design	21330.0
<205>	Support Applied to Construction	83650.0
<206>	Support Applied to Deployment	55020.0
<207>	Support Applied to Maintenance	29730.0
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	<input checked="" type="radio"/> <input type="radio"/>
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	standingrocktelecommunications398002_status.pdf <i>{Name of PDF attached}</i>

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	<input checked="" type="checkbox"/>
<213>	Status of Network Deployment - Construction	<input checked="" type="checkbox"/>
<214>	Status of Network Deployment - Deployment	<input checked="" type="checkbox"/>
<215>	Status of Network Deployment - Maintenance	<input checked="" type="checkbox"/>
<216>	Project Budget Status	<input checked="" type="checkbox"/>
<217>	Project Plan Status	<input checked="" type="checkbox"/>

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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:****Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Standing Rock Telecommunications, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 07/31/2014

Printed name of Authorized Officer: Miles McAllister

Title or position of Authorized Officer: General Manager

Telephone number of Authorized Officer: 7018547098 ext.

Study Area Code of Reporting Carrier: 398002 Filing Due Date for this form: 07/31/2014

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## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



## Attachments

## (060) Coverage and Performance Report

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

<010> Study Area Code 398002  
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 <140> Coverage and Performance Report Year 01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
SD	Corson	460319411002023	9	0	0	2.29	0.0	0.0	Yes	No	No
SD	Corson	460319411001068	2	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001029	0	0	0	0.03	0.0	0.0	Yes	No	No
SD	Corson	460319411001123	6	0	0	0.17	0.0	0.0	Yes	No	No
SD	Corson	460319411001058	0	0	0	0.06	0.0	0.0	Yes	No	No
SD	Corson	460319411001008	8	0	0	11.36	0.0	0.0	Yes	No	No
SD	Corson	460319411001054	0	0	0	0.17	0.0	0.0	Yes	No	No
SD	Corson	460319411001078	21	0	0	0.21	0.0	0.0	Yes	No	No
SD	Corson	460319411001061	2	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001015	9	0	0	9.55	0.0	0.0	Yes	No	No
SD	Corson	460319411001082	34	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411002030	2	0	0	3.33	0.0	0.0	Yes	No	No
SD	Corson	460319411001089	14	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411001060	25	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001084	7	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001022	11	0	0	9.03	0.0	0.0	Yes	No	No
SD	Corson	460319411001098	0	0	0	0.55	0.0	0.0	Yes	No	No
SD	Corson	460319411001050	3	0	0	0.35	0.0	0.0	Yes	No	No
SD	Corson	460319411001074	17	0	0	0.15	0.0	0.0	Yes	No	No
SD	Corson	460319411001026	33	0	0	0.11	0.0	0.0	Yes	No	No

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0

## (060) Coverage and Performance Report

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
SD	Corson	460319411001075	22	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411001032	0	0	0	0.71	0.0	0.0	Yes	No	No
SD	Corson	460319411001053	0	0	0	0.1	0.0	0.0	Yes	No	No
SD	Corson	460319411001014	0	0	0	1.33	0.0	0.0	Yes	No	No
SD	Corson	460319411001034	0	0	0	0.64	0.0	0.0	Yes	No	No
SD	Corson	460319411002047	0	0	0	0.2	0.0	0.0	Yes	No	No
SD	Corson	460319411001119	6	0	0	2.89	0.0	0.0	Yes	No	No
SD	Corson	460319411001044	19	0	0	0.18	0.0	0.0	Yes	No	No
SD	Corson	460319411001112	0	0	0	1.98	0.0	0.0	Yes	No	No
SD	Corson	460319411001048	0	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411002014	0	0	0	2.94	0.0	0.0	Yes	No	No
SD	Corson	460319411001083	11	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001085	17	0	0	0.11	0.0	0.0	Yes	No	No
SD	Corson	460319411001115	73	0	0	0.23	0.0	0.0	Yes	No	No
SD	Corson	460319411001046	0	0	0	0.07	0.0	0.0	Yes	No	No
SD	Corson	460319411001091	25	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411002012	0	0	0	0.65	0.0	0.0	Yes	No	No
SD	Corson	460319411001105	0	0	0	2.49	0.0	0.0	Yes	No	No
SD	Corson	460319411001093	20	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001025	171	0	0	2.02	0.0	0.0	Yes	No	No

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0

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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
SD	Corson	460319411002021	0	0	0	1.94	0.0	0.0	Yes	No	No
SD	Corson	460319411001011	0	0	0	2.94	0.0	0.0	Yes	No	No
SD	Corson	460319411001100	0	0	0	1.07	0.0	0.0	Yes	No	No
SD	Corson	460319411001056	0	0	0	0.18	0.0	0.0	Yes	No	No
SD	Corson	460319411002052	8	0	0	1.2	0.0	0.0	Yes	No	No
SD	Corson	460319411001055	0	0	0	0.11	0.0	0.0	Yes	No	No
SD	Corson	460319411001041	0	0	0	1.89	0.0	0.0	Yes	No	No
SD	Corson	460319411001104	0	0	0	0.72	0.0	0.0	Yes	No	No
SD	Corson	460319411001077	9	0	0	0.04	0.0	0.0	Yes	No	No
SD	Corson	460319411001039	16	0	0	3.52	0.0	0.0	Yes	No	No
SD	Corson	460319411001018	0	0	0	2.78	0.0	0.0	Yes	No	No
SD	Corson	460319411001031	83	0	0	0.28	0.0	0.0	Yes	No	No
SD	Corson	460319411002048	2	0	0	1.46	0.0	0.0	Yes	No	No
SD	Corson	460319411001073	41	0	0	0.15	0.0	0.0	Yes	No	No
SD	Corson	460319411001019	5	0	0	0.38	0.0	0.0	Yes	No	No
SD	Corson	460319411002022	0	0	0	1.86	0.0	0.0	Yes	No	No
SD	Corson	460319411001116	60	0	0	0.23	0.0	0.0	Yes	No	No
SD	Corson	460319411001037	26	0	0	1.97	0.0	0.0	Yes	No	No
SD	Corson	460319411001036	0	0	0	1.68	0.0	0.0	Yes	No	No
SD	Corson	460319411001017	0	0	0	0.78	0.0	0.0	Yes	No	No

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
Road Miles covered  
by Service

0

## (060) Coverage and Performance Report

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

<010>	Study Area Code	398002
<015>	Study Area Name	Standing Rock Telecommunications, Inc.
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Albert Kangas
<035>	Contact Telephone Number - Number of person identified in data line <030>	3204927510 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	akangas@corewg.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
SD	Corson	460319411001030	0	0	0	0.08	0.0	0.0	Yes	No	No
SD	Corson	460319411001087	18	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411001120	8	0	0	2.89	0.0	0.0	Yes	No	No
SD	Corson	460319411002006	5	0	0	1.21	0.0	0.0	Yes	No	No
SD	Corson	460319411001010	0	0	0	2.89	0.0	0.0	Yes	No	No
SD	Corson	460319411002029	0	0	0	0.57	0.0	0.0	Yes	No	No
SD	Corson	460319411002017	3	0	0	1.45	0.0	0.0	Yes	No	No
SD	Corson	460319411001040	3	0	0	3.88	0.0	0.0	Yes	No	No
SD	Corson	460319411001072	3	0	0	0.1	0.0	0.0	Yes	No	No
SD	Corson	460319411001090	19	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001097	2	0	0	1.89	0.0	0.0	Yes	No	No
SD	Corson	460319411002013	13	0	0	11.25	0.0	0.0	Yes	No	No
SD	Corson	460319411001047	0	0	0	0.01	0.0	0.0	Yes	No	No
SD	Corson	460319411001095	9	0	0	0.33	0.0	0.0	Yes	No	No
SD	Corson	460319411001062	0	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001092	12	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001063	0	0	0	0.15	0.0	0.0	Yes	No	No
SD	Corson	460319411001109	20	0	0	1.06	0.0	0.0	Yes	No	No
SD	Corson	460319411001043	1	0	0	0.24	0.0	0.0	Yes	No	No
SD	Corson	460319411002027	52	0	0	15.88	0.0	0.0	Yes	No	No

Percentage of  
Total Population  
Reached by  
Service

0

Percentage of Total  
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by Service

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<039>	Contact Email Address - Email Address of person identified in data line <030>	akangas@corewg.com
<140>	Coverage and Performance Report Year	01/2014 - 12/2014

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
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SD	Corson	460319411001020	4	0	0	1.24	0.0	0.0	Yes	No	No
SD	Corson	460319411001028	2	0	0	0.08	0.0	0.0	Yes	No	No
SD	Corson	460319411001021	4	0	0	1.43	0.0	0.0	Yes	No	No
SD	Corson	460319411001042	38	0	0	0.39	0.0	0.0	Yes	No	No
SD	Corson	460319411001070	16	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411002007	60	0	0	0.35	0.0	0.0	Yes	No	No
SD	Corson	460319411001118	0	0	0	1.94	0.0	0.0	Yes	No	No
SD	Corson	460319411001052	0	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411001065	26	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001076	19	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411001114	180	0	0	2.59	0.0	0.0	Yes	No	No
SD	Corson	460319411001096	0	0	0	0.76	0.0	0.0	Yes	No	No
SD	Corson	460319411001079	18	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411002011	0	0	0	0.5	0.0	0.0	Yes	No	No
SD	Corson	460319411001117	0	0	0	2.91	0.0	0.0	Yes	No	No
SD	Corson	460319411001081	30	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411002018	0	0	0	2.43	0.0	0.0	Yes	No	No
SD	Corson	460319411001111	2	0	0	5.03	0.0	0.0	Yes	No	No
SD	Corson	460319411001086	10	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411001045	4	0	0	0.17	0.0	0.0	Yes	No	No

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Total Population  
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Service

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Percentage of Total  
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<141>											
<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>	<e>	<f>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Electronic Shapefiles are uploaded (yes/no)	Certify that Drive Test Results are uploaded (yes/no)	Certify that Scattered Site Tests are uploaded (yes/no)
SD	Corson	460319411001122	12	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001066	25	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411002008	36	0	0	1.53	0.0	0.0	Yes	No	No
SD	Corson	460319411001127	1	0	0	2.45	0.0	0.0	Yes	No	No
SD	Corson	460319411002026	0	0	0	1.96	0.0	0.0	Yes	No	No
SD	Corson	460319411001051	3	0	0	0.56	0.0	0.0	Yes	No	No
SD	Corson	460319411001067	30	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411001013	0	0	0	0.55	0.0	0.0	Yes	No	No
SD	Corson	460319411001027	0	0	0	0.16	0.0	0.0	Yes	No	No
SD	Corson	460319411001094	10	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001071	8	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411001038	3	0	0	0.35	0.0	0.0	Yes	No	No
SD	Corson	460319411002020	4	0	0	3.01	0.0	0.0	Yes	No	No
SD	Corson	460319411001121	10	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001059	17	0	0	0.14	0.0	0.0	Yes	No	No
SD	Corson	460319411001088	2	0	0	0.22	0.0	0.0	Yes	No	No
SD	Corson	460319411001080	23	0	0	0.13	0.0	0.0	Yes	No	No
SD	Corson	460319411001108	0	0	0	1.84	0.0	0.0	Yes	No	No
SD	Corson	460319411001035	2	0	0	0.06	0.0	0.0	Yes	No	No
SD	Corson	460319411001009	0	0	0	1.46	0.0	0.0	Yes	No	No

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SD	Corson	460319411001128	0	0	0	0.31	0.0	0.0	Yes	No	No
SD	Corson	460319411001064	10	0	0	0.16	0.0	0.0	Yes	No	No
SD	Corson	460319411001057	2	0	0	0.3	0.0	0.0	Yes	No	No
SD	Corson	460319411001113	4	0	0	1.92	0.0	0.0	Yes	No	No
SD	Corson	460319411001049	6	0	0	0.11	0.0	0.0	Yes	No	No
SD	Corson	460319411001069	0	0	0	0.14	0.0	0.0	Yes	No	No

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